

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Township

City

St. Louis

(No.

FEB 8 1937

Registration District No.

Primary Registration District No.

St. Anthony's Hosp

791

1003

File No.

Registered No.

St.

Ward)

2. FULL NAME Elizabeth Schlueter

(a) Residence, No.

3850 Arsenal Str.,

St.

16 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Femal

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

George Louis Schlueter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 19, 1867

7. AGE

YEARS

69

MONTHS

2

DAYS

26

If LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....10-19-3611. Total time (years)
spent in this
occupation.....2312. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)

Columbia

Ill.

FATHER

13. NAME

George Heigle

14. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)

Unknown

17. INFORMANT

George Louis Schlueter

(ADDRESS)

3850 Arsenal Str.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter & Paul

DATE 1-18-37

19. UNDERTAKER

Oscar J. Hoffmeister

(ADDRESS)

4016 Chippewa Str.,

20. FILED

JAN 18 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 15, 1937

22. I HEREBY CERTIFY That I attended deceased from

Nov 25, 1936, to Jan 15, 1937

I last saw her alive on Jan 14, 1937. Death is said

to have occurred on the date stated above, at 3:09 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1/15/37

Other contributory causes of importance:

Secondary

Anaemia

Name of operation

Sut bladder drainage

Date of 12-1-36

What test confirmed diagnosis

Clinical

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Hoffmeister

(Address) 4532 Virginia

M. D.

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